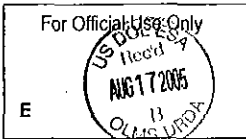


# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



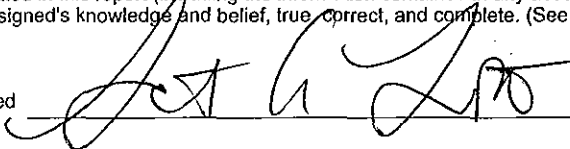
READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U- <b>18067</b>	2. Fiscal Year Covered From:  1 / 1 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing.  Name Scott A Lupo  P.O. Box, Bldg., Room No., if any  Street 512 W. Oak Street  City Visalia  State California ZIP Code +4 93291-6039	4. Name, file number, and address of labor organization.  Name Teamsters Local 517  Labor Organization File Number 020-397  P.O. Box, Building and Room Number, if any  Street 512 W. Oak Street  City Visalia  State California ZIP Code +4 93291-6039
5. Position in labor organization. <i>Secretary-Treasurer</i>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any).  Name XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  Trade Name, if any: XXXXXXXXXXXXXXXXXXXXXXXX  P.O. Box, Bldg., Room No., if any XXXXXXXXXXXXXXXXXXXXXXXX  Street XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  City XXXXXXXXXXXXXXXXXXXXXXXX  State ZIP Code +4 XXXXXXXXX	7.a. Nature of Interest, Transaction, or Income.  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed 	On 08/10/2005	559-627-9993
	Date	Telephone Number

Name of Person Filing   Scott Lupo	File Number U-
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**B. Held an interest in or derived income or economic benefit with monetary value from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name Leprino Foods Employees' Welfare Trust</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 1830 W. 38th Avenue</p> <p>City Denver</p> <p>State Colorado                      ZIP Code + 4 80211</p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p>b. Trust</p> <p>c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX</p> <p>Trade Name, if any: XXXXXXXXXXXXXXXXXXXXXXXXXXXX</p> <p>P.O. Box, Bldg., Room No., if any XXXXXXXXXXXXXXXXXXXXXXX</p> <p>Street XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX</p> <p>City XXXXXXXXXXXXXXXXXXXXXXX</p> <p>State                      ZIP Code + 4 XXXXXXXXXX</p>	<p>11.a. Nature of such dealing.</p> <p>XX</p>
	<p>11.b. Approximate dollar value of such dealing.</p>
	<p>12.a. Nature of interest held or income received.</p> <p>SEE ATTACHMENT</p>
	<p>12.b. Amount. <span style="float: right;">\$4,005</span></p>

**C. Received from any employer** (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX</p> <p>Trade Name, if any: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX</p> <p>P.O. Box, Bldg., Room No., if any XXXXXXXXXXXXXXXXXXXXXXX</p> <p>Street XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX</p> <p>City XXXXXXXXXXXXXXXXXXXXXXX</p> <p>State                      ZIP Code + 4 XXXXXXXXXX</p>	<p>14.a. Nature of payment.</p> <p>XX</p>
<p>13.b. Is the Business an Employer                      or Consultant                      ?</p>	<p>14.b. Amount of payment.</p>

Attachment to section 12.a. of the Form LM30  
LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT FOR:  
**SCOTT A. LUPO**

The person identified in item 3 is a Union Trustee on the Board of Trustees of the entity identified in item 8, which is a jointly administered trust fund under the Labor-Management Relations Act of 1947, as amended (the "Trust Fund"). In performance of his duties as a trustee on the trust Fund he has attended trustee meetings, met with representative(s) of the Trust Fund for the purpose of discussing trust fund-related matters and attended Educational conferences related to trust fund administration. During the course of such meeting(s) and conferences the Trust Fund paid for food, beverages and/or incidental expenses. The amount entered in item 12.b is the estimated value of such food and beverage and related expenditures on or about February 12; May 24; October 21 and November 29, 2004. This estimate is based on review of a business calendar for appointments and meetings in 2004.